JAN 23 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

41340

1. PLACE OF DEATH

County Jasper — Registration District No. 411 2002 — File No.

Township Joplin — Primary Registration District No. 8 — Registered No. 568

City Joplin (No. 9th & Range Line St. Ward)

2. FULL NAME Aaron Clark McCombs

(a) Residence. No. St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: w

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Mary McCombs

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 24 - 1866

7. AGE: Years 62 Months 9 Days If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mich

PARENTS

10. NAME OF FATHER: McComb

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Canada

12. MAIDEN NAME OF MOTHER: No record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): No record

14. INFORMANT: Mrs B Crumpine
(Address) 9 E Range Line

15. FILED 12-24, 1928 Dr A B Clark
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 24 1928.

17. I HEREBY CERTIFY, That I attended deceased from Dec 23, 1928 to Dec 23, 1928, that I last saw him alive on Dec 23, 1928, and that death occurred, on the date stated above, at 8-45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma of neck and head

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): diabetes

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) W. E. Craig, M. D.

12-24, 1928 (Address) Joplin Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Forest Park — DATE OF BURIAL: 12-- 1928

20. UNDERTAKER: Newlin Run Co — ADDRESS: Joplin Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.